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IV. TRICARE SERVICE CENTERS

A. Location and Operations

TRICARE Service Centers (TSCs) shall be established at each location specified in the Lead Agent requirements, unless there are special circumstances which make it impracticable to maintain such offices. If it appears that such conditions exist, the full circumstances shall be reported to the TRICARE Management Activity (TMA) Contracting Officer who is responsible for approving an exception to the requirement, after a review of the conditions. If space provided at an MTF is not sufficient, the contractor shall be responsible for obtaining the additional space. If space is not available at an MTF, the contractor shall obtain all necessary space within the proximity specified by the Lead Agent. The contractor shall sufficiently staff the TSC and is responsible for its operations and hours, including those functions and operating hours specified in the Lead Agent requirements. Unless otherwise specified, TSCs not located in MTFs shall be open Monday through Friday (except Federal holidays) during normal business hours (8:00 a.m. through 6:00 p.m. in the time zone served by the TSC). TSCs located in an MTF shall be operated Monday through Friday (except Federal holidays) during the administrative hours of the facility. The contractor shall staff all TSCs on a full-time basis with qualified personnel capable of performing all functions of the TRICARE Service Center. The telephone blockage rate at each TSC shall not exceed five percent (5%) and beneficiaries telephoning the TSC shall never be placed on "hold" for more than five (5) minutes. To assist in TSC functions, the Government will provide access through an electronic interface to the individual MTF Composite Health Care System (CHCS). The government will be responsible for the hardware acquisition to establish and maintain ongoing connectivity system support to CHCS. Contractor access to CHCS will be at the TSCs and other agreed upon sites specified in the approved Enrollment Plan. The contractor shall provide all furniture, equipment, supplies, telephone services, etc., required at each TSC regardless of where it is located. The contractor shall conspicuously locate a suggestion/comment box in each TSC. Monthly, the contractor shall provide the Lead Agent with a report containing the full content of each suggestion/comment and the contractor evaluation of each suggestion/comment.

B. TRICARE Service Center Functions

The contractor shall be responsible for establishing *TSC*s which provide beneficiary enrollment, access to and referral for care, information on the Point of Service option, information (including on-line access to the claims processing system for information about the status of a claim), assist beneficiaries with claim problems, and continuity of care services to all MHS beneficiaries including, but not limited to, active duty personnel, dependents of active duty personnel, retirees and their dependents, survivors, Medicare eligible beneficiaries and all other categories of individuals eligible to receive MHS services. The *TSC*s shall also fulfill the requirements of the Lead Agents. Based on the MOU provisions between the MTF and the contractor, the contractor shall ensure effective operation of the *TSC*s to reflect the provisions in OPM Part Three, Chapter 2, Section I.A. *TSC*s shall maintain up-to-date lists of the providers in the contractor's network. MTF commanders, Lead Agents, and MHS beneficiaries shall be granted access to these lists on an as needed basis. The contractor shall ensure eligibility for care and enrollment status of beneficiaries before making any arrangements for medical services. *TSC*s shall have an interface with the ADP claims processing and enrollment systems to support the functions

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of the *TSC* not later than thirty (30) calendar days prior to the start of the health care delivery. The activities of the *TSC* shall include:

1. MHS Beneficiary Information

TSCs shall provide personal assistance to beneficiaries seeking information about TRICARE Prime, TRICARE Extra, and TRICARE Standard. The contractor shall ensure that the TSCs are supplied with enrollment and marketing information for TRICARE Prime. Through the TSCs, the contractor shall establish mechanisms to advise beneficiaries of care options and services offered, including services under the Health Care Finder activities, and the mechanisms available to access them.

2. TRICARE Dental Information

TSCs shall provide information on eligibility for the TRICARE Active Duty Family Member Dental Plan (FMDP) and on how to obtain dental information from the FMDP contractor.

a. Active duty members and their families shall be informed of their possible eligibility, handed an FMDP brochure containing enrollment and coverage details, and provided the following:

THE FAMILY MEMBER DENTAL PLAN IS FOR ACTIVE DUTY FAMILIES ONLY

If you are interested in enrolling your dependents in the TRICARE Active Duty Family Member Dental Plan, please contact United Concordia Companies, Inc., to receive information on what dental benefits are covered, procedures for enrolling your family, and the amount of the enrollment fees. The HBA can also assist you with information about your coverage and with choosing a dentist. Enrolling in the dental plan is required, and enrollments will be accomplished at the Military Personnel Office.:

You may write to United Concordia Companies, Inc.

FMDP Customer Service P.O. Box 898218 Camp Hill, PA 17089-8218

Or call free: 1-800-866-8499 [1-800-891-1854 Hearing Impaired (TDD)] Monday - Friday; 8:00a.m. - 8:00 p.m., EST

b. Non-active duty dependents shall be informed that they are not eligible for the TRICARE Active Duty Family Member Dental Plan.

from United Concordia Companies, Inc. United Concordia Companies, Inc. will furnish the brochures at no cost to the contractor. The point of contact for the initial supply of brochures is: Manager of Contract Administration, United Concordia Companies, Inc. (717-760-9262). Subsequent orders shall be handled according to arrangements made by the contractor and United Concordia Companies, Inc.

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3. Continuity of Care

TSCs shall act as the focal point for the local Health Care Finder activities (OPM Part Three, Chapter 1, Section II.A.) by providing information, referral, and assistance to beneficiaries seeking access to TRICARE services. The TSCs shall maintain day-to-day liaison with MTF officials to promote effective performance of the access, referral, information and continuity of care functions. The Health Care Finder shall have primary responsibility for referral and authorization functions in the TSC (the contractor may designate another contractor office to perform these functions).

4. Enrollment

TSCs shall provide personal assistance to eligible beneficiaries electing to enroll or disenroll and permanently assigned active duty personnel enrolling in TRICARE Prime. The TSC shall provide assistance to all MHS beneficiaries (including active duty, Medicare eligibles and others) in understanding program requirements, adhering to MTF Commanders' and Lead Agents' determinations for PCM assignment, and following grievance and inquiry procedures in accordance with OPM Part Two, Chapter 8, Section V. The contractor shall inform the beneficiary in writing of the annual or quarterly payment options available for the payment of the enrollment fee. The written notice shall clearly state the requirements for timely payment of the enrollment fees as well as the acceptability of major credit cards for payment of enrollment fees. The written notice shall clearly state the effect on enrollment in TRICARE Prime when the quarterly enrollment fee is not paid, including the resulting twelve (12) month lock-out from re-enrollment in TRICARE Prime. The beneficiaries must also be advised of their responsibility for TRICARE Prime services which were received after disenrollment. The beneficiary will be responsible for any applicable cost shares and deductibles under TRICARE Standard or Extra, effective with the date of disenrollment. The contractor shall ensure that the TSC is equipped with sufficient resources to initiate beneficiary enrollment choices, to include the annual or quarterly payment options, within two (2) business days of receiving enrollment forms from the beneficiary or MTF.